

Campaign Finance Section Financial Report

Financial Reports are required to be submitted to the Campaign Finance Section of the Office of the State Election Commissioner by all Candidates, Committees, and Organizations. Late or incomplete reports are subject to fines levied by the Commissioner's Office, so please be sure to check all applicable deadlines and file on time. Add extra sheets if necessary.

Full Organization Name:	Dewey Beach Citizens Associa	ation	
Account Number:	*****	Date of this Report:	12/21/2007
Reporting Period Start:	09/05/2007	Reporting Period End:	12/21/2007
Office:			
Check the box that applies to th	is report:		
Primary Election General Election Other Election Special Election	8-DAY 30-DAY 8-DAY 30-DAY 8-DAY 30-DAY 8-DAY 30-DAY		
	YEAR END		
Final Organization Closing: Amendment:	YES YES	X NO Closing Date:	
I authorize that all information in Campaign Finance and the election perform an audit of all information	process in the State of Delaware. I und	ge is accurate and correct. I agree to abide by a derstand that representatives from the Office of th	all rules and regulations regarding e State Election Commissioner will
TREASURER SIGNATURE		DATE	
CANDIDATE SIGNATURE		DATE	



STATEMENT OF ACCOUNT BALANCE

Ac	count Number: *****	Reporting Period:	09/05/2007	12/21/2007
	-	_	FROM	то
1.	BEGINNING BALANCE (Ending Balance	e from last reporting period)	_	\$1,035.32
2.	RECEIPTS:			
	A. SCHEDULE A - TOTAL RECEIPTS		(c	\$0.00
	B. SCHEDULE C-1 - TOTAL IN-KIND R	RECEIPTS	Ø 	\$0.00
	C. SCHEDULE D-1 - TOTAL LOANS RE	ECEIVED	0	\$0.00
	D. SCHEDULE E - TOTAL EXPENSE R	EIMBURSEMENTS RECEIVED	9 	\$0.00
	E. SUBTOTAL (Total of A,B,C,D)			\$0.00
3.	EXPENDITURES:			
	F. SCHEDULE B - TOTAL EXPENDITU	RES	0=	\$841.08
	G. SCHEDULE C-2 - TOTAL IN-KIND E	EXPENDITURES	_	\$0.00
	H. SCHEDULE D-2 - TOTAL LOAN PAY	YMENTS		\$0.00
	I. SCHEDULE E - TOTAL EXPENSE RE	EIMBURSEMENTS PAID	e-	\$0.00
	J. SUBTOTAL (Total of F,G,H,I)			\$841.08
4.	ENDING BALANCE (Beginning Balance	plus 2E minus 3J)	_	\$194.24
5.	VALUE OF NON-CASH ASSETS (From	Schedule F)	_	\$0.00
6.	VALUE OF DISPOSED/TRANSFERRED	ASSETS (From Schedule G)	_	\$0.00
7.	VALUE OF LOANS AT END OF PERIOR	D (Loan Balance From Schedule D-2)	_	\$0.00
8.	CLOSE OUT BALANCE (Must equal zer	ro if committee closed)		\$194.24



SCHEDULE A - TOTAL RECEIPTS

Account Number:	*****	Reporting Period:	09/05/2007 FROM	12/21/2007 TO
Itemize all receipts over \$100 for the period, each item must be listed if the RECEIPTS IN EXCESS OF	aggregate amount is over \$100, even if the indiv	ust be itemized if they are over \$50. NOTE: If you receive fidual amounts are not.	ands from the same person or organization	several times during the reporting
Date Received	Contributor Name	Contributor Mailing Address	Aggregate Amount	Amount Received
7				
TOTAL RECEIPTS IN EXC				
TOTAL RECEIPTS NOT IN	EXCESS OF \$100			
GRAND TOTAL RECEIPTS (TOTAL SHOULD ALSO A)	S PPEAR ON PAGE 2, STATEMENT OF	ACCOUNT BALANCE, ITEM 2A)		

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SCHEDULE B - TOTAL EXPENDITURES

Account Number:	*****	Reporting Period:	09/05/2007	12/21/2007
			FROM	то
Itemize all expenditures over \$100 fo	or the reporting period. All expenditures to Pol	itical Committees must be itemized, regardless of the	amount NOTE: IF you expend funds to the sa	me person or organization several time
	must be listed if the aggregate amount is ove		The same is a second se	The particular of the particul

EXPENDITURES IN EXCESS OF \$100:

Date Expended	Payee Name	Payee Mailing Address	Aggregate Amount	Amount Expended
09/05/2007	Staples/Post Office/Printing/Web	19 Patriots Way, Rehoboth, DE 19971	\$713.89	\$713.89
TOTAL EXPENDITU	RES IN EXCESS OF \$100			\$713.89
TOTAL EXPENDITU	RES NOT IN EXCESS OF \$100			\$127.19
GRAND TOTAL EXPI (TOTAL SHOULD AL	ENDITURES SO APPEAR ON PAGE 2, STATEMENT	OF ACCOUNT BALANCE, ITEM 3F)		\$841.08



SCHEDULE C-1 - TOTAL IN-KIND RECEIPTS

Account Number:	*****	Reporting Period:	09/05/2007 FROM	12/21/2007 TO
luring the reporting period, each it IN-KIND CONTRIBUTIO	om must be listed if the aggregate amount on NS IN EXCESS OF \$100:	et value in excess of \$100 for the reporting period. NOTE is over \$100, even if the individual amounts are not.		ne person or organization several tin
NOTE: ESTIMATED VALUE I Date Received	Contributor Name	Contributor Mailing Address	Description of Contribution	Est. Amount Received
				-
	181			
FOTAL CONTRIBUTION FOTAL CONTRIBUTION	IS IN EXCESS OF \$100 IS NOT IN EXCESS OF \$100			
GRAND TOTAL RECEIP (TOTAL SHOULD ALSO		NT OF ACCOUNT BALANCE, ITEM 2B)		r II.



SCHEDULE C-2 - TOTAL IN-KIND EXPENDITURES

Account Number:	*****	Reporting Period:	09/05/2007 FROM	12/21/2007 TO
reporting period, each item must be li IN-KIND EXPENDITURES	isted if the aggregate amount is over \$100 IN EXCESS OF \$100:			or organization several times during t
Date Expended	Payee Name	LESS ANY PAYMENTS YOU RECEIVED FOR TH Payee Mailing Address	Description of Expenditure	Est. Amount Expended
TOTAL EXPENDITURES I	N EXCESS OF \$100			
TOTAL EXPENDITURES N	NOT IN EXCESS OF \$100			
GRAND TOTAL EXPENDIT (TOTAL SHOULD ALSO A		NT OF ACCOUNT BALANCE, ITEM 3G)		



SCHEDULE D-1 - LOANS RECEIVED

Account Number:	*****	Reporting Period:	09/05/2007 FROM		12/21/2007 TO
		should be itemized on this schedule. NOTE: The	se loans must also be listed on Schedule D-2.		
LOANS RECEIVED IN EXCE	#(1/25X-22-1H9159U)/				
Date Received	Lender	Endorser	Description of Security	Int. Rate	Amount Received
				1	
				Ĭ	
	and the second s			-	
TOTAL LOANS RECEIVED (TOTAL SHOULD ALSO APP	PEAR ON PAGE 2, STATEMENT	OF ACCOUNT BALANCE, ITEM 2C			



SCHEDULE D-2 - LOANS

ccount Number:	*****	Repor	ting Period:		09/05/2007 FROM	12	2/21/2007 TO
outstanding loans in exce		loans from Lending Institutions, Candida	tes Personal Funds and Other Co	ontributors.			
Date Rec'd	Lender	Endorser	Description	I n t Rate	Orig. Loan Amt	Payments Made	Balance
					X.E		
				+			
OTAL LOANS FOTAL PAYMENTS	MADE SHOULD ALSO APP	EAR ON PAGE 2, STATEMENT	OF ACCT BALANCE, I	ТЕМ ЗН.	NA TH	724-13	

TOTAL LOAN BALANCE SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCT BALANCE, ITEM 7.)



SCHEDULE E - EXPENSE REIMBURSEMENTS

Reporting Period:

09/05/2007

12/21/2007

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Account Number:

Date Received	Reimburser	Description of Activity	Activity Date	Total Expense	Reimbursemen
				W	
				7)	
		T OF ACCOUNT BALANCE, ITEM 2D.			
OTAL SHOULD ALSO A	PPEAR ON PAGE 2, STATEMEN	e others for expenses they incurred.) Description of Activity	Activity Date	Total Expense	Reimbursemen
OTAL SHOULD ALSO A	PPEAR ON PAGE 2, STATEMENT	others for expenses they incurred.)		Total Expense	Reimbursemen
IMBURSEMENTS PAID	PPEAR ON PAGE 2, STATEMENT	others for expenses they incurred.)		Total Expense	Reimbursemen



SCHEDULE F - NON-CASH ASSETS

Account Number:	*****	Reporting Period:	09/05/2007 FROM	12/21/2007 TO
emize all non-cash assets owned by the	ne organization including those paid for by the	organization, lent to the organization and c	ontributed to the organization.	
Date Received	Description of Asse	t	Location of Asset (Physical Address)	Value of Asset
FOTAL ASSET VALUE				



SCHEDULE G - ELIMINATION OF ASSETS

Account Number:	*****	Reporting Period:	09/05/2007 FROM	12/21/2007 TO
	transferred or sold by the organization during the	ne reporting period.		
Date Eliminated	Description of Asset		Disposition of Asset	Value Received
TOTAL ASSETS ELIMINATE	P.D.			
	PEAR ON PAGE 2, STATEMENT OF	ACCOUNT BALANCE, ITEM 6.)		